U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1279	2. Fiscal Year Covered From:					
	1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.	4. Name, file	4. Name, file number, and address of labor organization.				
Name Daniel M McMahon	Name Ct	hicago Region	al Council	l of Carpen	ters	
	Labor Orga	ganization File Numb	er 001-94	9		
P.O. Box, Bldg., Room No., if any	P.O. Box,	P.O. Box, Building and Room Number, if any				
Street 10609 Avenue F	Street 12	2 East Erie St	treet			
Chicago	City Ch	hicago				
State Illinois ZIP Code + 4 60617	State []	llinois		ZIP Code + 4	60611	
5. Position in labor organization. Organizer, Director Field Ope	eration				***	
A. Held an interest in, engaged in transactions (including loans) with, or	derived incon	h in the instructions): me or other econor its or is actively se	nic benefit of	esent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	derived incon	me or other econor	nic benefit of eking to repre	esent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name	derived incon	me or other econor its or is actively ser of Interest, Transacti	nic benefit of eking to repre	esent.		
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived inconion represent	me or other econor its or is actively ser of Interest, Transacti	nic benefit of eking to repre	esent.		
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	7.a. Nature of 7.b. Amount of 7.b. A	me or other econorits or is actively set of Interest, Transaction of In	mic benefit of eking to represon, or Income.	\$0 \$0 that all of the inf	formation e best of the	

Name of Person Filing Daniel McMahon	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name						
Trade Name, if any:	a. Labor Organization					
P.O. Box, Bidg., Room No., if any	b. Trust					
Street	c. Employer					
City						
State ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name		Arminia variante de la companio del companio de la companio del companio de la companio del companio de la companio de la companio de la companio del companio de la companio della compan				
Trade Name, if any:		Transmission of the control of the c				
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4						
		THE PROPERTY OF THE PROPERTY O				
		We will be a second of the sec				
	12.b. Amount.	\$0				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.					
(including trade name, if any).	de appropries	e salane w monotone				
		Modern and a second and a secon				
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street		nover reduces				
City	The control of the co	sistence and some				
State ZIP Code + 4						
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.	\$0				

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Danie Date 8/8/05